Nine Common Design Themes for IHDT I

1 Delegate essential management and decision making authorities to the local health service delivery site. Redesign accountability requirements appropriate to the decentralized authorities.

The IHDT endorses maximum delegation of management and decision making authorities and responsibilities to the lowest level feasible. A basic idea is to empower local I/T/U programs to act flexibly and expeditiously. The IHDT charged Tier II workgroups to recommend specific authorities, functions, responsibilities, and resources to delegate from Headquarters and Areas to I/T/Us. The workgroups were asked to identify how accountability for performance will be assured.

2 Methods of delivery of health services are decided locally. The local AI/AN community participates in the decision making process.

The IHDT endorses the principle that health service delivery decisions must occur at the local level and involve tribal and community participation. Each I/T/U will decide the appropriate mix of health care services and the appropriate methods or sources consistent with local needs and available resources. The IHDT will not propose restructuring or redesign of local level I/T/U health programs. It will focus on redesigning area, regional, and national support systems.

3 Shift roles of Headquarters, Area Offices, and service units from directing and controlling to supporting the delivery of health services at the local level.

The IHDT seeks a fundamental change in the role of IHS' national and Area support systems. The new focus is on supplying needed support services; not on directing, controlling, and overseeing program operations. The primary justification for national/regional/area functions is to support the health operations of local I/T/Us. The performance for most Headquarters and Area Offices will be measured by how well field health programs are served. The IHDT also charged the Tier II workgroups to identify innovative and simplified ways to assure necessary accountability without interfering with the primary mission to supply support services to the field.

4 Invest selectively in appropriate technologies and processes to: Improve health care delivery, expand options for administrative and professional support and increase efficiency of operations, and provide reliable data on AI/AN health needs, program accountability, costs and managed care.

The IHDT recognizes that selected communications and automation technologies are essential for successful local operations. The IHDT charged a Tier II workgroup to determine what capabilities are needed to provide administrative and professional support services from support centers to a diverse set of sites often located in remote areas. The key idea is to provide remote I/T/U sites with access to several possible sources of professional and administrative support services. The workgroup offers proposals for demonstrating advanced telemedicine applications in several sites and recommendations for the infrastructure necessary to support a national data bank on AI/AN health needs, costs, and program performance.

5 Streamline Federal administrative processes (i.e. procurement, personnel, budget).

The IHDT finds that simple organizational restructuring will not accomplish all needed improvements in the IHS. With continuation of Federal downsizing and workforce ceilings, the IHS will no longer be able to do the same work with fewer people. In many cases, the internal work processes must be simplified, tasks must be streamlined, and new innovative ways to supply support services to the field must be identified. The Tier II workgroups were charged to offer specific recommendations on how to overhaul work to improve efficiency. The IHDT identified simplification of IHS' budget structure, personnel actions, and acquisition practices as the highest priorities for change.

6 Reconfigure roles, capabilities, and structures of Headquarters and Area Offices to provide health professional and administrative support appropriate to the current and future mix of I/T/Us.

The IHDT finds that the 40-year-old organizational structure of Headquarters and Area Offices is no longer optimum for supporting the diverse and evolving needs of locally managed health care operations. The Tier II workgroups were charged to refine alternative models for configuring Headquarters and Area Office structures and capabilities to better meet the changing mix of Federal, tribal, and urban health programs. The IHDT charged the workgroups to develop recommendations for a more efficient, streamlined Headquarters that focuses on essential core functions related to national scope. Headquarters functions that are now focused on operational policy, oversight, and field support will be shifted to the field. The IHDT also recognizes that roles and capabilities of Area Offices will change.

7 Establish centers to provide administrative and professional support services to I/T/Us in more than one area.

The IHDT finds that the existing Area Office configurations are no longer optimal to support field operations efficiently and effectively. The IHDT recognizes that many Area Offices are unable to maintain the necessary critical mass of expertise and capability in every professional or business function. It recognizes that some pooling of resources and capability is necessary to maintain high quality support services to I/T/Us. The IHDT adopted an approach to allow formation of 'support centers' to provide high quality services to I/T/Us in more than one area. The IHDT has charged the Tier II workgroups to recommend a number of models for support centers including the possibility of new regional centers merged from existing Area Offices and the possibility of existing Area Offices beginning to pool resources and specialize according to strengths. The workgroups were also asked to identify the criteria for choosing among various models and criteria by which I/T/U might be assigned to a support center or, alternatively, how an I/T/U might select or negotiate arrangements with a support center.

8 Develop agreements to collaborate and share resources among agencies to enhance programs for AI/AN communities.

The IHDT finds that the IHS can take advantage of a number of opportunities to collaborate with other agencies and reduce duplication of some functions. Tier II workgroups were charged to identify specific functions and agencies for which mutually beneficial collaboration is possible.

9 Enhanced communication among I/T/Us and stakeholders is essential for implementation of redesign and for successful operating partnerships in the future.

The IHDT continues to emphasize the involvement and participation of stakeholders in the process to design and implement successful partnerships.